



Temple Anshe HeseD is a Reform Congregation, guided by Torah and dedicated to perpetuating Judaism and its traditions through education, worship and social action in a welcoming and inclusive environment.

**5401 Old Zuck Road
Erie, PA 16506**

**Office: 814-454-2426
Fax: 814-454-2427**

**office@taherie.org
www.anshehesederie.org**

**Affiliated with the
Union for Reform Judaism**



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Temple Anshe Hessed Membership Application

Member 1:

Ms./Mrs./Mr./Dr./_____/_____
(Last Name) (First name) (Middle Initial)

Member 2:

Ms./Mrs./Mr./Dr./_____/_____
(Last Name) (First name) (Middle Initial)

Address: _____
(Street) (City/Town) (State) (Zip Code)

Home Phone: _____ (if applicable)

Member 1 Cell phone: _____ E-mail address: _____

Member 2 Cell phone: _____ E-mail address: _____

Member 1 Birth Date: _____ Gender/Preferred Pronoun: _____

Member 2 Birth Date: _____ Gender/Preferred Pronoun: _____

Marital Status: Married Partnered Single Widowed Divorced

(Anniversary Date) _____

Name of Congregation where most recently affiliated, if applicable _____

Are you related to a member at Temple Anshe Hessed? Yes No If Yes, name and relationship

Communications:

Please indicate which email(s) Temple Anshe Hessed should use for Temple communications:

Member 1 Email Member 2 Email

Member 1 Profession/Occupation: _____ Employer: _____

Business Address _____ Work Phone: _____

Member 2 Profession/Occupation: _____ Employer: _____

Business Address _____ Work Phone: _____

About the adults in your household:

	Member 1	Member 2
Hebrew Name (if known & applicable)		
Religious Background		
Is there anything that you would like to inform us about your religious background?		
Special Skills / Talents you'd like to share		
Chant Torah / Read Hebrew		
May we call upon you to be a Hebrew Torah reader?		
Special accommodations needed	<input type="checkbox"/> Hearing Assistance Device <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other _____	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other _____

About the children in your household (if applicable), if more than 3 children, please use additional paper

	Child 1	Child 2	Child 3
Name			
Hebrew Name			
Date of Birth			
Gender/Preferred Pronoun			
Grade (or College level)			
Name of School (or College)			
Address if not living with you			
Cell Phone, Email, if applicable			

Are you planning a Bar/Bat Mitzvah in the next five years? If so, please give child's name(s) and anticipated year: _____

Other Adults living in your household (if applicable):

	Adult 1	Adult 2
Name		
Date of Birth		
Relationship		
Gender/ Preferred Pronoun		
Any other Information that you would like us to know		

TEMPLE ANSHE HESED INVOLVEMENT

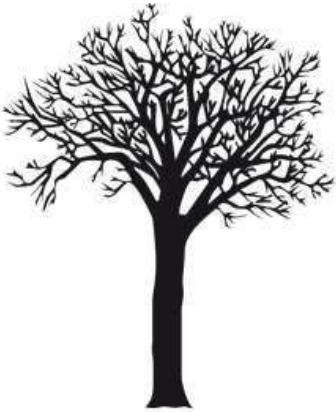
We are always interested in involving our members in the life and activities of our Congregation. Please indicate any areas of interest to the adults in your household.

Member Names: _____

Engagement (Includes Communication, Tikkun Olam, In-reach & Outreach)	<input type="checkbox"/>	<input type="checkbox"/>
Gesher Committee (Provides for Youth and Adult Education)	<input type="checkbox"/>	<input type="checkbox"/>
Finance (Oversees financial operations of the Congregation)	<input type="checkbox"/>	<input type="checkbox"/>
Governance Committee (Ensures leadership succession/development)	<input type="checkbox"/>	<input type="checkbox"/>
House/Physical Plant (Supervises maintenance & security, includes the Cemetery)	<input type="checkbox"/>	<input type="checkbox"/>
Membership (Responsible for recruitment, integration, retention of members, includes Caring Committee)	<input type="checkbox"/>	<input type="checkbox"/>
Special Events (Promotes sense of community, shared observances and holidays)	<input type="checkbox"/>	<input type="checkbox"/>
Worship (Coordinates worship, ritual & observances, includes Music Committee)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

What additional information would you like to have about the Committees or Temple offerings?

What additional information would you like to share about your interests, skills, or talents?



Remembrance Fund/Perpetual Memorial

At Temple Anshe Hessed, we have a special Remembrance/Perpetual Memorial Fund, which is a memorial to a loved one by inscription of his or her name on the Perpetual Memorial List, with a recital on the anniversary of the death, and a listing in the Yom Kippur Roll of Remembrance.

A contribution of \$200 or more to the Fund provides these memorials.

Please choose to remember your loved one's Yahrzeit (annual remembrance date of relatives who have passed away) by either the Jewish or English calendar.

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

TEMPLE ANSHE HESED FINANCIAL AGREEMENT

The Finance Committee would like to thank you for your interest in membership at Temple Anshe Hesed. We are excited to have you as part of our family and hope you'll find us welcoming and responsive to your needs.

As the committee in charge of Temple finances, we wanted to make you aware of some financial information that could help you in some of your decisions regarding dues commitments.

The budget operating expenses of Temple Anshe Hesed average around \$400,000 annually. The budget pays for our Rabbi and staff, maintains our building and supports services for our congregants, as well as membership to our national organization, the Union for Reform Judaism.

Our budget is balanced with income from our family commitments, endowments, contributions, fundraising and grants. Based on the annual budget; to become a sustaining member is \$2000 per family. We understand that every family has unique considerations, so please review the Fair Share program with your family in mind. Also, know that the committee is currently reviewing this dues structure. We never ask for proof of income, but we do ask that you use these guidelines to assist in your decision process.

We want you to be part of our vibrant congregation and find fulfillment in your participation. We hope you will find a second home with us and be part of our family. Anshe Hesed means people of lovingkindness and we hope you will be part of that. Your support is vital to us.

A member of the Finance Committee will be contacting you in the near future to discuss any questions or concerns. Thank you for your interest in becoming a member of Temple Anshe Hesed.

L'Shalom

Temple Anshe Hesed Finance Committee

Fair Share Program

Annual Gross Family Income	Fair Share Commitment
Up to \$15,000	\$ 250
\$15,000 to \$17,500	\$ 300
\$17,500 to \$20,000	\$ 400
\$20,000 to \$25,000	\$ 500
\$25,000 to \$30,000	\$ 600
\$30,000 to \$35,000	\$ 750
\$35,000 to \$40,000	\$ 900
\$40,000 to \$45,000	\$1100
\$45,000 to \$50,000	\$1300
\$50,000 to \$60,000	\$1500
\$60,000 to \$70,000	\$1800
\$70,000 to \$80,000	\$2000
\$80,000 to \$90,000	\$2500
\$90,000 to \$100,000	\$3000
\$100,000 to \$150,000	\$4500
\$150,000 to \$200,000	\$6000
\$200,000 and over	\$7500

To the Board of Directors:

I hereby agree to this sacred covenant (**Brit**) and to be committed member(s) of the Temple Anshe Hessed Congregation.

Fair Share Commitment : _____

Please submit 25% of your annual Fair Share Commitment.

Method of Payment: Check Credit Card (Contact Temple Office, if using a credit card)

Method of Billing: Monthly Quarterly Semi-Annually Annually

Signature of Applicant/Date

Signature of Applicant/Date

Please return your completed application to:

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